IVERMECTIN ORDER FORM



3537 N Anthony Blvd Fort Wayne, IN 46805 (260)373-1083(260)739-3927(∞ morethanapharmacy@protonmail.com

Patient Information					
Patient Name:				Date of Birth	:
Address:			City:		State: Zip:
Phone:			Email:		
Please check your weight from one of these columns WEIG 70-9	90 8MG	WEIGHT DO 151-190 16M 191-210 18M 211-230 20M	1G 🔲	231-250 22MG 251-270 24MG 271-290 26MG	WEIGHT DOSE 291-310 28MG Other:
CHECK ONE BOX BELOW					
I HAVE COVID NOW	(O NOT HAVE	COVID NOW	I am not using	this for COVID
#15 for \$30.00 Active Covid Protocol Take 2 capsules for 5 days, then 1 every other day until symptoms are gone. #30 for \$50.00 Prevention Protocol Take 1 capsule weekly. (30 Capsules = 6 months) QTY: @ \$1.65 /capsule I would like a different quantity than the options listed above The pharmacy can not guarantee potency beyond 6 months because clinical trials have not been conducted. PRESCRIPTION PRESCRIPTION					
☐I do not have a preso	cription for Ivermect	in and need a physi	cian to prescribe	e it. (Total: \$25.00)	
I would like to have my order filled the same day it is received and I will pick it up at the pharmacy. I would like to have my order filled the same day it is received AND mailed same day. (add \$5.00 for standard shipping USPS) I would like to have my order filled the same day it is received, plus overnight shipping. (Price depends on the address but usually \$30 - \$40) PLEASE NOTE: We cannot guarantee delivery times because of possible USPS delay that are out of our control. Thanks for understanding. We are happy to help with tracking your package, and we will definitely refund your money if it does not arrive when guaranteed. Total Billed to Credit Card					
Payment Details Credit Card Type:	V/SA Mas	AMERICAN DOCARESS	DISCOVER		
Name on Card		BOPARESS		Zip) Code:
Credit Card #					
Exp Date CCV # 3-digit number on the back of Visa/MC or 4-digit number on the front of AmEx.					
ACTIVE COVID Take 2 ca Quantity:	IVermectin: upsule now, then 1 in 48 hours, th #30 (6 month supply) upsules (together) daily for 5 day			Phil Johnson, ME 3537 N Anthony B Fort Wayne, IN 46	lvd NPI: 1306975263
☐ OTHER				Dispense As Writt	May Substitute

Dr. Philip J. Johnson, M.D.

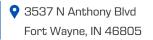
3537 N Anthony Blvd, Fort Wayne, IN 46805

Phone: (260) 422-4757 | Fax: (260) 422-8375 | Lic.# 01023461

Date Written:	Name:			DOB:			
Address:			Phone:	Email:			
Hydroxychloroquine 200mg (Us		\$30	Z-Pak (Antibiotic)		\$15		
(NDC: 16571-0687-01)	ermectin)	750	(NDC: 59762-2198-01)		713		
QTY: #16			QTY: #6				
Sig: Take 2 tabs twice daily x 2 days	, then 1 tab twice daily x 4		Sig: 2 now, then 1 tab daily af to prevent Covid pneumonia.	ter food x 4 more days. Take at the	beginning of Covid		
days.			to prevent dovid phedinoma.				
Doxycycline 100mg (Antibiotic) \$15		\$15	Budesonide Respules 0.25mg/2ml or 0.5mg/2ml or 1mg/2ml \$30				
(NDC: 00143-9803-50)		,	(F <u>or use in Nebulizer Machine</u> - Steroid, Anti-inflammatory) NDC: 00115-1687-74 0.25mg/2ml				
QTY: #20	ad for 10 days						
Sig: Take 1 capsule twice daily with for (Note: Take at the beginning of Covid		fection.	NDC: 00093-6816-55 0.5mg/2ml NDC: 00093-6817-73 1.0mg/2ml				
	This antibiotic is used instead of a Z-Pak if someone has allergies or medical			QTY: #60ml (1 box of 30 x 2ml)			
conditions that makes this safer. Hy	· · · · · · · · · · · · · · · · · · ·	cin taken	Sig: Nebulize 1 ampule every 6 hrs as needed for COVID cough and wheeze to decrease inflammation in the lungs.				
together can cause problems in some	individuals.						
Benzonatate 200mg Caps (Cougl	n Suppressant)	\$15	Ondansetron 4mg tabs (For nausea & vomiting	g)	\$15		
(NDC: 64380-0713-07)			(NDC: 57237-0077-10)				
QTY: #12		001115	QTY: #10				
Sig: Take 1 capsule every 8 hrs with for	ill glass of water for cough due to	COVID	Sig: Dissolve 1 tablet under to	ongue every 4 hrs to treat COVID rela	ted n/v		
Albertaural links law 00mas at a su aust		\$25	Montalukaat 10mm tah		\$15		
Albuterol <u>Inhaler</u> 90mcg/per puf (Rescue Inhaler for Breathing)		323	Montelukast 10mg tab (Leukotriene receptor a	antagonist to prevent inflammation	•		
(NDC: 00781-7296-85)			(NDC: 29300-0220-10)				
QTY: #6.7gm (1 inhaler)			QTY: #30				
Sig: Inhale 1 or 2 puffs every 4-6 hrs fo	r <u>immediate help</u> with dreatning		Sig: One tab at bedtime to prev	<u>rent</u> inflammation in the lungs & nose	tor COVID or allerg		
Budesonide Nasal Spray 32mc	g/sprav	\$16	Albuterol Inhalation N	ehules (2.5mg/3ml)	\$15		
(Steroid, Anti-inflammatory for		420	_	Machine for <u>immediate help</u> with	•		
(NDC: 60505-6129-02)			(NDC: 00378-8270-52)				
QTY: #8.43ml (1 inhaler)	. It' in each postril while eniffic	ag gontly	QTY: #75ml (1 box of 25 via		diata raliaf of		
Sig: Use 1 or 2 sprays morning and bedtime <u>in each nostril</u> while sniffing gently for nasal congestion.			COVID related shortness of bi	4 times a day when needed for immereath and wheezing.	culate relier of		
Prednisone 20mg Tabs (Steroid,	Anti-inflammatory)	\$15	Other Items Frequently R	Requested			
(NDC: 00591-544305)				nex, Vitamin C, Vitamin D3, Zinc			
#13 Sig: Take 2 and 1/2 tabs (50mg) first thing in the morning for 5 days. (Stops inflammation of lungs from Covid that results in breathing difficulties.)			Glutathione, NAC, Silver Nasal Spray, RxCofix Nasal Spray, Bronchial Soothe and many other items.				
			Refill NR 1 2 3	3 □ 4 □ 5 □ 1yr			
			Void 1 year from the date writ	ten			

Dispense as Written May Substitute

MEDICAL HISTORY AND ANNUAL PHYSICAL FORM



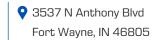


Patient Information				Today's Date:		
First:	Last: DO			Phone:		
Please list all allergies:						
If you are female, are you pregnant now, or planning to become pregnant: N						
Have you had COVID, if Yes, list date Y \[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
Please explain type of surgery a	nd dates:					
If you have more medications or medical history than can fit on the form, please write on the back of this form.						
MEDICAT	ION NAME	including OTC & herbs		REASON FOR TAKING		
	DAGE MEDI	OAL HISTORY		2175		
	PAST MEDI	CAL HISTORY		DATE		
		MEDICAL CONDITIONS		Legend: PR=Present, PA	=Pas	t
1.GENERAL	PR PA	6.CARDIOVASCULAR	PR PA	9.MUSCULOSKELETAL		PA
Weight Loss		Chest Pain		Joint Pain		
Fatigue		Irregular Heart Beat	HH	Joint Swelling	H	\exists
Memory Loss		Elevated Blood Pressure		Jaw Pain	\sqcap	Ħ
2.HEENT	PR PA	Heart Disease		10.NEUROLOGICAL	PR	PA
Headache		Shortness of Breath		Blackouts		
Visual Loss		Swelling of Limbs		Dizziness		
Decreased Hearing		7.ENDOCRINOLOGY	PR PA	Seizures		
Sinus Pain		Diabetes		Stroke		
Hoarseness		Excessive Thirst		11.PSYCHIATRIC	PR	PA
Sore Throat		Excessive Urination		Anxiety		
Trouble Swallowing		Libido Change		Depression		
3.RESPIRATORY	PR PA	8.GASTROINTESTINAL	PR PA	Sleep Issues		
Cough		Bloody Stool		12a. MALE/Genitourinary	PR	PA
Wheezing		Constipation		Urinary Dribbling		\sqcup
4.BREAST	PR PA	Diarrhea		Reduced Flow		닏
Breast Mass		Heart Burn		Nighttime Urination		Ш
Breast Pain		Jaundice		12b. FEMALE/Genitourinary	PR	PA
Skin Changes		Kidney Stones		Abnormal Pap Smear		님
5.HEMATOLOGY	PR PA	Nausea		Urinary Complaints	\vdash	\vdash
Anemia		Vomiting		Blood in Urine	\vdash	H
Bleeding Issues I have none of the above m		ditions		Menstrual Irregularities		
SOCIAL HISTORY	nedical con			TELEMEDICINE CONSULTATI	ION	
Never Present Past		MISC. CONDITION Y N		TELEMEDICINE CONSULTATION Reviewed by Dr. Phil Johnson		
1.Smoking	Tuot	Hepatitis A		Tiotioned by Di. 1 iiii doilii.	5011	
Pack Years:		Hepatitis B				
2.Alcohol		COPD or Emphysema				
		Cancer				
Drinks per day:		OTHER:				
3.Drugs						

To the best of my knowledge this is a complete and accurate account of my medical history.

Signature: Date:

IVERMECTIN DISCLAIMER





I acknowledge and understand that Ivermectin has been deemed "Highly Not Recommended" by the WHO, FDA, CDC, and NIH. I acknowledge that my Clinicians rely on an appropriate medical and medication history relating to medical conditions and prescribed medications as reported by me as a patient.

Should a patient choose to not disclose their proper medical history, the clinician cannot be held liable nor can any medical license in any state be reviewed or held accountable. We will be explaining, to the best of our ability, the risks in prescribing any medications to the patients to which they must state they understand.

I understand that Ivermectin has not been approved for use for Covid 19 by the FDA at this time

Patient ignature	
S	Print Name